



**USU CENTER FOR HEALTH DISPARITIES RESEARCH AND EDUCATION
SUMMER RESEARCH INTERNSHIP PROGRAM 2005**

STUDENT APPLICATION

TO APPLICANTS: ALL APPLICATION MATERIALS MUST BE RECEIVED BY MARCH 4, 2005

A. INSTRUCTIONS

Please fill out the application and send by e-mail, as an attachment with your name as the subject line, to USUCHDinternship@usuhs.mil or mail a hard copy to:

USU Center for Health Disparities
Summer Research Internship Program
4301 Jones Bridge Road - Bldg. 28
Bethesda, Maryland 20814

If you do not receive a confirmation email within 3-5 business days, please contact Alesha Bowens @ 301-295-3144 or abowens@usuhs.mil

NOTE: YOU CAN TYPE YOUR INFORMATION DIRECTLY ON THIS MICROSOFT WORD APPLICATION

B. ELIGIBILITY CRITERIA

- Students must be enrolled at least halftime in an accredited college or university.
- Candidates must be U.S. citizens or permanent residents.

C. APPLICANT INFORMATION

Applicant's Name _____
Last First Middle

Social Security Number Birth date

Permanent Address _____
Street City State

Zip Telephone (Area Code and Number) E-mail Address

D. CITIZENSHIP STATUS

☐ **United States Citizen** ☐ **Other:** _____

E. RACE/ETHNICITY (PLEASE CHECK ONE)

<input type="checkbox"/> African American or Black	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Other: _____

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F. ACADEMIC INFORMATION

Name of University/College _____

Applicant's School Mailing Address _____

Street

City

State

Zip

School Telephone (Area Code and Number)

Current Year in College: _____ Current Cumulative GPA: _____ On 4.0 Scale

Total Credit Hours by End of Semester: _____

Academic Major: _____ Minor (If any): _____

G. RELEVANT COURSEWORK

Please list any and all relevant course work you have taken, (including current relevant courses). Put N/A for the grade of any classes you are currently taking.

Course Title _____	Grade _____	Course Title _____	Grade _____
Course Title _____	Grade _____	Course Title _____	Grade _____
Course Title _____	Grade _____	Course Title _____	Grade _____
Course Title _____	Grade _____	Course Title _____	Grade _____
Course Title _____	Grade _____	Course Title _____	Grade _____

In addition, please arrange to have an official transcript sent to:

USU Center for Health Disparities
Summer Research Internship Program
4301 Jones Bridge Road - Bldg. 28
Bethesda, Maryland 20814

H. REFERENCES

Please have 2-3 letters of recommendation with the recommendation form. Sent directly from your recommenders to the address listed above. The recommendation forms can be downloaded from the website. List recommenders below.

A letter of recommendation will be expected from:

1. Recommender: _____
Last First Title

Telephone (Area Code and Number)

Institution/Department

E-mail Address

2. Recommender: _____
Last First Title

Telephone (Area Code and Number)

Institution/Department

E-mail Address

3. Recommender: _____
Last First Title

Telephone (Area Code and Number)

Institution/Department

E-mail Address

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I. SCIENTIFIC INTERESTS

Please list your areas of scientific interests.

1. _____
 2. _____
 3. _____
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J. COVER LETTER

Include your research interests, previous research experience, and reasons for applying for this training. Please send as attachment with your application to USUCHDinternship@usuhs.mil or mail to address listed.

K. OPTIONAL SECTION

Would you be interested in participating in the Summer Research Internship Program as a resident assistant? Please check one.

☐

Yes

☐

No

If you answered yes to the above question, in 50 words or less please explain why you want to be a resident assistant.

L. PRIVACY ACT STATEMENT

The information solicited in all Uniformed Services University of the Health Sciences application materials is governed by the privacy act. Please read, sign and date.

I certify that the information submitted in this application form is complete and correct to the best of my knowledge and that the thoughts and words provided are mine. They have not been prepared or substantially modified by others. I understand that any misrepresentation may result in denial of admission.

Signature of Applicant

Date

Note: Applications will not be processed until all materials, including this recommendation, have been received.
